

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019194

FILING DATE

21 DEC 2001

APPLICANT(S)

Imuro

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11			/				61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
17			/				67						
18				/			68						
19				/			69						
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21				/			71						
22				/			72						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			15				TOTAL DEP.						
TOTAL CLAIMS			17				TOTAL CLAIMS						